

355 4th Street . Bennett, CO 80102 Tel: (303) 644-3249 Fax: (303)644-4125 www.townofbennett.org

## **APPLICATION FOR EMPLOYMENT**

| APPLIC   | CANT   | INFOR | MATION               |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
|--|--------|-------|----------------------|---------------------|-----------|---|----------------------|-----------|---------|----------------|------|--------|-------|------|--|--|
| Last Nam   | ne     |       |                      |                     |           | First   | First                |           |         |                |      | M.I.   |       | Date |  |  |
| Street Ad  | ldress |       |                      |                     |           |   | Apartment/Unit #     |           |         |                |      |        |       |      |  |  |
| City   |        |       |                      |                     |           | State   | State                |           |         |                |      | ZIP    | ZIP   |      |  |  |
| Phone E-mail A   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| Date Available Full Time   |        |       |                      | Part Time Temporary |           |   |                      |           | Desired | Desired Salary |      |        |       |      |  |  |
| Position Applied for   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| Are you a citizen of the United States?  |        |       |                      |                     | NO 🗆      | NO $\square$ If no, are you authorized to work in the U.S.? YES $\square$ |                      |           |         |                |      | S 🗌    | NO 🗆  |      |  |  |
| Have you ever worked for the Town?   |        |       |                      |                     | NO 🗆      | If so,  | If so, when?         |           |         |                |      |        |       |      |  |  |
| Do you have any physical restrictions that would limit you doing the job you have applied for? |        |       |                      |                     |           |   | If yes, explain      |           |         |                |      |        |       |      |  |  |
| Have you ever been convicted of a felony? YES  |        |       |                      |                     |           | NO 🗆  | IO   If yes, explain |           |         |                |      |        |       |      |  |  |
| EDUCATION  |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| High Sch   |        |       |                      |                     |           | City, State   | e                    |           |         |                |      |        |       |      |  |  |
| From   |        | То    |                      | Did you             | graduate? | YES   | NO [                 |           | Deg     | ree            |      |        |       |      |  |  |
| College  |        |       |                      |                     |           | City, State   | 2                    |           |         |                |      |        |       |      |  |  |
| From   |        | То    |                      | Did you             | graduate? | YES   | NO [                 |           | Deg     | ree            |      |        |       |      |  |  |
| Other  |        |       |                      |                     |           | City, State   | 9                    |           |         |                |      |        |       |      |  |  |
| From   |        | То    | To Did you graduate? |                     |           | YES   | NO [                 | NO Degree |         |                |      |        |       |      |  |  |
|  |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| REFERENCES   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| Please list three professional references.   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| Full Name Phone  |        |       |                      |                     |           | ne Number   |                      | Bes       | st Tim  | ne to C        | Call | Occupa | ntion |      |  |  |
| 1.   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| 2.   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |
| 3.   |        |       |                      |                     |           |   |                      |           |         |                |      |        |       |      |  |  |

| EMPLOYMENT HISTORY   |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|--|--------------------|-----------------------|--|--------------------|--------------|--------------|------------|---------------|---------------|----|--|--|--|
| Company  |                    |                       |  |                    | Phone        |              |            |               |               |    |  |  |  |
| Address  |                    |                       |  |                    |              |              | Supervisor |               |               |    |  |  |  |
| Job Title  |                    |                       |  |                    |              | rting Salary | \$         |               | Ending Salary | \$ |  |  |  |
| Responsibilities   |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| From   |                    | To Reason for Leaving |  |                    |              |              |            |               |               |    |  |  |  |
| May we contact your previous supervisor for a reference?   |                    |                       |  |                    | •            | YES          | NO 🗆       |               |               |    |  |  |  |
| Company  |                    | ·                     |  |                    |              |              |            | Phone         |               |    |  |  |  |
| Address  | Address            |                       |  |                    |              |              | Supervisor |               |               |    |  |  |  |
| Job Title  |                    |                       |  |                    | Star         | rting Salary | \$         |               | Ending Salary | \$ |  |  |  |
| Responsibilities   |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| From   |                    | To Reason for Leaving |  |                    |              |              |            |               |               |    |  |  |  |
| May we contact your previous supervisor for a refere   |                    |                       |  |                    | •            | YES          | NO 🗆       |               |               |    |  |  |  |
| Company  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| Address  | Address Supervisor |                       |  |                    |              |              |            |               |               |    |  |  |  |
| Job Title  |                    |                       |  | Star               | rting Salary | \$ Enc       |            | Ending Salary | \$            |    |  |  |  |
| Responsibilities   |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| From   |                    | То                    |  | Reason for Leaving |              |              |            |               |               |    |  |  |  |
| May we contact your previous supervisor for a reference?   |                    |                       |  |                    |              | YES          | NO 🗆       |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities:   |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| List professional, trade business, or civic activities and offices held:  (You may exclude membership which would reveal gender, race, religious, national origin, age, ancestry, disability or other protected status.) |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
| Other Qualifications: (Summarize special job-related skills and qualifications acquired from employment or other experience.)  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |
|  |                    |                       |  |                    |              |              |            |               |               |    |  |  |  |

## **AFFIDAVIT, CONSENT AND RELEASE**

## PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

| I have read, understand, and by my signature | consent to these statements. |
|--|------------------------------|
| Signature:                                   | Date:                        |